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Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 6211

<b>SERIAL NUMBER</b> 10/049,803	<b>FILING DATE</b> 02/15/2002 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2642	<b>ATTORNEY DOCKET NO.</b> 886-003c1US	
<b>APPLICANTS</b> Robert Pines, New York, NY; Evan Marwell, New York, NY; John Blakeney, Macungie, PA; Christine Baumeister, Harleyville, PA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US01/02366 01/24/2001 which claims benefit of 60/179,166 01/31/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/26/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 169	<b>INDEPENDENT CLAIMS</b> 30
<b>ADDRESS</b> Sofer & Haroun LLP 317 Madison Avenue Suite 910 New York, NY 10017					
<b>TITLE</b> Communication assistance system and method					
<b>FILING FEE RECEIVED</b> 5660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



## UNITED STATES PATENT AND TRADEMARK OFFICE

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<b>SERIAL NUMBER</b> 10/049,803	<b>FILING DATE</b> 02/15/2002 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b> 886-003c1
<b>APPLICANTS</b> Robert Pines, New York, NY; Evan Marwell, New York, NY; John Blakeney, Macungie, PA; Christine Baumeister, Harleyville, PA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US01/02366 01/24/2001 WHICH CLAIMS BENEFIT OF 60/179,166 01/31/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 169
Verified and Acknowledged Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 30
<b>ADDRESS</b> Joseph Sofer Sofer & Haroun Suite 1921 342 Madison Avenue New York, NY 10173				
<b>TITLE</b> Communication assistance system and method				
<b>FILING FEE RECEIVED</b> 5660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	